

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2	1			
3	1			
4	3	1		
5	3	1		
6	1	1		
7	1	1		
8	1	1		
9	1	1		
10	1	1		
11	1	1		
12	1	1		
13	1	1		
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TOTAL IND.		1	1	
TOTAL DEP.		14	14	
TOTAL CLAIMS		15	15	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.		1	1	1	1	1	1	1
TOTAL DEP.		14	14	14	14	14	14	14
TOTAL CLAIMS		15	15	15	15	15	15	15

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS